



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E378639**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-02964
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	03
OBJECT STRUCK	

DATE OF COLLISION	11 - 26 - 2014	TIME (2400)	1700	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9	BLOCK NO. <input checked="" type="checkbox"/>	100
MILE POST		

DISTANCE		MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	MARKET PLACE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 2064510962
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LAST NAME	GARRIDO	FIRST NAME	ANTHONY	MIDDLE INITIAL	M
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STREET NEW ADDRESS	1007 SW 306TH ST
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CITY	FEDERAL WAY	ST	WA	ZIP	980238246
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	GARRIAM167L7	STATE	WA	SEX	M	D.O.B.	06 - 27 - 1984
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AOS8356	STATE	WA	VIN#	1LNLM82W3PY744393
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1993	MAKE	LINC	MODEL	TOW4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. EMMIE GARRIDO 301 E JENNS WAY UNION WA 98592

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS G00-6087024-01
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	4Z1030411	CHARGE	NO VALID OPER LICENSE WITH
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 5597086336
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LAST NAME	PIPER	FIRST NAME	KYLIE	MIDDLE INITIAL	N
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STREET NEW ADDRESS	8518 12TH PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583696
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	PIPERKN020KH	STATE	WA	SEX	F	D.O.B.	05 - 08 - 1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ABZ7986	STATE	WA	VIN#	JF1GH6A61BH808347
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2011	MAKE	SUBA	MODEL	IMPREZA	STYLE	SW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. PAUL PIPER 8518 12TH PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA 1027311
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E378639**

CASE # **14-02964**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CHURCH MADELINE P																	
ADDRESS & PHONE #		8518 12TH PL SE LAKE STEVENS WA 982583696 4252318648																	
SEX		F		D.O.B. MMDDYYYY		08		29		1997									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		SPRINGER ALLY E																	
ADDRESS & PHONE #		2221 119TH DR SE LAKE STEVENS WA 98258																	
SEX		F		D.O.B. MMDDYYYY		03		14		2006									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		SPRINGER JACY A																	
ADDRESS & PHONE #		2221 119TH DR SE LAKE STEVENS WA 98258																	
SEX		F		D.O.B. MMDDYYYY		03		08		2005									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	

NARRATIVE

Unit 2 and Unit 3 were in the northbound lane stopped at the red light on SR 9 at the intersection with Market Place. Unit 1 was heading north on SR 9 approaching the intersection at Market Place. Unit 1 did not stop in time and struck Unit 2 pushing Unit 2 into Unit 3. There were no injuries and all vehicles were driven from the scene.

Unit 1 was at fault due to exceeding reasonable speeds and inattention.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

11-27-14 10:23 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

RON BROOKS 013

11/28/2014 5:29:33 PM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	5:01 PM	TIME POLICE ARRIVED	5:04 PM
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E378639**

CASE # **14-02964**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SPRINGER WYATT J																
ADDRESS & PHONE #		2221 119TH DR SE LAKE STEVENS WA 98258																
		SEX	M	D.O.B. MMDDYYYY	05			20			2003							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	4	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		SPRINGER BEAU C																
ADDRESS & PHONE #		2221 119TH DR SE LAKE STEVENS WA 98258																
		SEX	M	D.O.B. MMDDYYYY	05			05			2009							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	7	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
		SEX		D.O.B. MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

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J. KILROY #0132

11-27-14 10:23 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

RON BROOKS 013

11/28/2014 5:29:33 PM

BADGE OR ID # **#0132**

ORI # **WA0311900**

TIME POLICE DISPATCHED **5:01 PM**

TIME POLICE ARRIVED **5:04 PM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E378639**

CASE # **14-02964**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4257376500**

LAST NAME **SPRINGER** FIRST NAME **JUSTIN** MIDDLE INITIAL **J**

STREET NEW ADDRESS ☒ **2221 119TH DR SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL **A - A** RESTRICTIONS ENDORSEMENTS **N**

DRIVER'S LICENSE # **SPRINJJ232RF** STATE **WA** SEX **M** D.O.B. **12 - 06 - 1977**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **B07800V** STATE **WA** VIN# **1FTSW31F23EA25212**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2003** MAKE **FORD** MODEL **F3PU** STYLE **CW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JUSTIN SPRINGER 2221 119TH DR SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **VERN FONK 474580436**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B.

ON DUTY ☐ STATUS ☐ AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

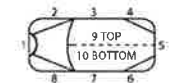
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

11-27-14 10:23 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED: PLACE SIGNED

BADGE OR ID # **#0132**

ORI # **WA0311900**

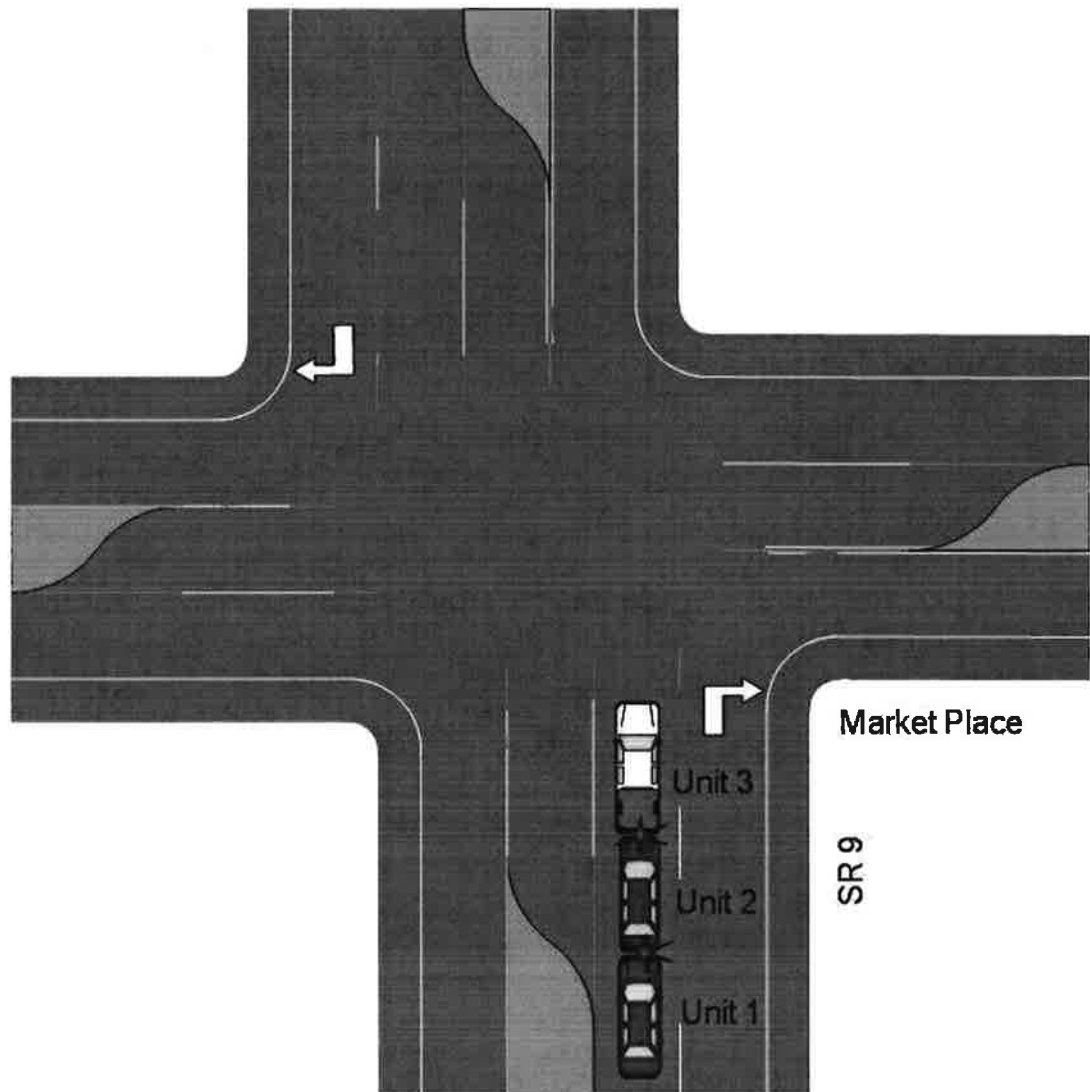
APPROVED BY **BROOKS**

DATE **11/28/201**

PAGE **4** OF **5**



Not To Scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02964

VICTIM / WITNESS

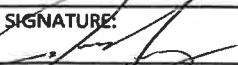
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) SPRINGER, JUSTIN J.	RACE W	ETH W	SEX M	DOB 12-6-77	AGE 36	HGT 5'6"	WGT 200	HAIR BLK	EYES BLU
STREET ADDRESS 2221 119th DR S.E.		CITY LAKE STEVENS			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-737-6500		CELL PHONE			PLACE OF EMPLOYMENT MONROE POLICE DEPT.					
WORK PHONE 360-794-6300		EMAIL ADDRESS springerjss@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

ON 11-26-14 AT APPROXIMATELY 1700 HRS, I WAS TRAVELING NORTHBOUND SR 9, AT THE ~~119th~~ INTERSECTION OF MARKET PL IN LAKE STEVENS I STOPPED FOR A RED TRAFFIC SIGNAL. I WAS FIRST IN LINE AT THE LIGHT WHEN I FELT A FORCE HIT THE REAR OF MY TRUCK. WHEN I LOOKED IN MY REARVIEW MIRROR I NOTICED A BLUE IMPACT WITH HOOD DAMAGE. I COULD SEE AN OLDER LARGE SEDAN BEHIND THE IMPACT. WE ALL DROVE TO A NEARBY PARKING LOT FOR COMMUNITY TRANSIT. THE BLUE IMPACT WAS BEING DRIVEN BY A FEMALE W/ A FEMALE PASSENGER. BOTH APPEARED TO BE IN THEIR TEENS. THE CAUSING VEHICLE WAS OCCUPIED/DRIVEN BY A DARK SKINNED MALE IN HIS EARLY 20S. HE TOLD ME HIS FOOT SLIPPED OFF THE BRAKE PEDAL. HE ALSO TOLD ME HE DOESN'T HAVE INSURANCE AND HIS LICENSE IS SUSPENDED.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 11-26-14	LOCATION SIGNED LAKE STEVENS/WA
OFFICER/NUMBER: S. WARKIS 112	DATE SIGNED 11-26-14	LOCATION SIGNED ON SCENE

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02968



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Piper, Kylie	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 8518 12th PL SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-397-0719		CELL PHONE 559-708-6336		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS Knp_hyper@yahoo.com								

I, Kylie Piper, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

North bound on 9 and at a complete stop at the light to continue to go straight. I was hit from behind and pushed into a Ford F-350 in front of me who was also at a complete stop.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Kylie Piper</u>	DATE SIGNED 11/26/14	LOCATION SIGNED
OFFICER/NUMBER: <u>S. KILROY 132</u>	DATE SIGNED 11/26/14	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02964

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Garrido Anthony Michael	RACE Hispanic	ETH	SEX M	DOB 6-27-84	AGE 30	HGT 5'9"	WGT 165	HAIR Brown	EYES Brown
STREET ADDRESS 104 12th St		CITY Bremerton			STATE WA	ZIP 98311	RES. STATUS			
HOME PHONE		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Anthony Garrido, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I went to take off from ~~the~~ a stop and the vehicle in front of me ~~stopped~~ stopped suddenly and I was unable to brake in time

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 11/26/14	LOCATION SIGNED
OFFICER/NUMBER: S. WAMBIS 112	DATE SIGNED 11-26-14	LOCATION SIGNED ON SCENE

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LSPD
ORIGINAL